

STATE OF ILLINOIS

Office of Health Information Technology



REQUEST FOR GRANT APPLICATIONS FOR BEHAVIORAL HEALTH DATA INTEGRATION DEMONSTRATION PROJECTS

July 20, 2012

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1. INTRODUCTION

1.1 PURPOSE: The Illinois Office of Health Information Technology (OHIT) is seeking Behavioral Health Data Integration demonstration project applications from behavioral health providers (specifically mental health and substance abuse treatment centers) throughout the State of Illinois (State). Behavioral health data integration is the real-time information sharing across systems to ensure that relevant information is available to all members of a care team to facilitate the provision of appropriate care, both behavioral health care and medical services, to patients/consumers.

The goal of these demonstration projects is to identify the extent to which information can be shared in real-time, utilizing data that includes both behavioral health and medical fields of information, involving at least two (2) or more providers coordinating interagency health services. A successful proposal will include a plan for implementation after the grant period. This grant is to be used to fulfill the requirements of the grant award to Illinois by the National Council for Community Behavioral Healthcare for the CIHS HIE program. Awarded projects will be funded pursuant grant number 1UR1SM060319-01, -02 and supplemental grant number 3UR1SM060319-02S1 from SAMHSA/HRSA, U.S. Department of Health and Human Services.

BACKGROUND: Investing in health information technology (HIT), particularly health information exchange (HIE) between providers and the adoption of certified Electronic Health Records (EHR) has long been recognized as a powerful strategy to enhance patient care, improve healthcare outcomes, reduce medical errors and control the costs of healthcare.

In January 2012, Illinois was awarded a \$600,000 grant from SAMHSA-HRSA Centers for Integrated Health Solutions administered by the National Council for Community Behavioral Healthcare to launch the Illinois Behavioral Health Integration Project (BHIP). The purpose of this funding is to create a legal, technical and operational framework for behavioral health providers, specifically mental health and substance abuse treatment centers, to participate in the Illinois Health Information Exchange (ILHIE). The demonstration projects funded by BHIP will benefit from a tool-kit that provides legal templates to secure consumer consent to release and exchange patient health information, as well as a secure messaging solution (ILHIE Direct) and the development of data architecture to capture and report clinical data from behavioral health and medical providers.

In 2009, Illinois was awarded funding by the Office of the National Coordinator for Health Information Technology (ONC) to develop statewide health information exchange (HIE) infrastructure to support improved patient care and health outcomes. To lead that effort, Illinois established the Office of Health Information Technology (OHIT) and passed the Health Information Exchange and Technology Act, establishing a long-term governance structure for its statewide HIE, the ILHIE. Under state statute, the ILHIE is governed by an appointed Authority Board, with broad stakeholder input from a statewide Advisory Committee, which includes a Behavioral Health Workgroup.

During its HIE planning and through close collaboration with the behavioral health community, which includes both mental health and substance abuse

treatment providers, OHIT determined that under current Illinois confidentiality and privacy law, the ILHIE technical architecture and policies would have to accommodate restrictions specific to behavioral health information.

OHIT established the Behavioral Health and the Substance Abuse Subcommittees of the ILHIE Legal Task Force to study the implications of current legal restrictions and recommend actions to the ILHIE Authority Board of Directors. In advance of a fully interoperable ILHIE infrastructure that will be operated in accordance with state and federal privacy laws, Illinois also developed an ILHIE service to facilitate point-to-point secure electronic communication between providers. ILHIE Direct is a secure clinical message solution that can be used by both physical and behavioral health providers to facilitate integrated patient care. It is available to licensed Illinois providers at no cost through 2012.

2. DEFINITIONS: Whenever used in this RGA, Agreement, or amendment, including attachments to the RGA or Agreement, the following terms will have the meanings defined below. Any objections or questions regarding the definitions should be raised with OHIT during the RGA process.

Agreement: the planning grant contract entered into between the State and the grant awardees.

ARRA: American Recovery and Reinvestment Act of 2009 (TITLE XIII).

Certified EHR (EHR): An EHR certified by the Certification Commission for Healthcare Information Technology (CCHIT) or successor certifying entity designated by the federal Office of the National Coordinator for Health Information Technology.

Certification Commission for Healthcare Information Technology (CCHIT): a private, nonprofit organization with the sole public mission of accelerating the adoption of robust, interoperable health information technology by creating a credible, efficient certification process (www.cchit.org).

Continuity of Care Document (CCD): a standard intended to specify the encoding, structure and semantics of a patient summary clinical document for exchange.

Days: "Days" shall mean calendar days; "business day" shall mean a weekday (Monday through Friday), excepting State holidays, between the hours of 8:30 a.m. Central Time and 5:00 p.m. Central Time.

EHR: Electronic health records system.

EMR: Electronic medical record.

Exchange Partners: Medical and behavioral health organizations providing or receiving clinical data and furnishing corresponding services in the context of the project.

Grant Application: "Grant Application" and "Proposal" are used interchangeably.

Grantee: An Applicant who has been awarded a grant pursuant to this RGA.

HHS: U.S. Department of Health and Human Services.

HIE: health information exchange.

ILHIE: Illinois Health Information Exchange.

ILHIE Direct: A secure messaging solution enabling providers, and staff members involved in patient care, to send patient health information via the internet in a secure and encrypted format to other providers with an ILHIE Direct address (a special e-mail address). Each message can contain multiple

attachments and up to 120 megabytes of data, which is more than ten times larger than standard email allows.

OHIT: Illinois Office of Health Information Technology.

Office of the National Coordinator for Health Information Technology/ONC:

The Office of the National Coordinator for Health Information Technology provides counsel to the Secretary of HHS and departmental leadership for the development and nationwide implementation of an interoperable health information technology infrastructure.

Parties: The State of Illinois and successful grant awardees.

Public assistance or related function: A function in which a program of essential medical care and rehabilitative services for persons receiving maintenance under the Public Aid Code (305 ILCS 5/5-1 et al) and for other persons who are unable, because of inadequate resources, to meet their essential medical needs.

Proposal: "Grant Application" and "Proposal" are used interchangeably.

RGA: Request for Grant Applications.

State: State of Illinois.

State Fiscal Year: The Illinois State Fiscal Year begins on July 1 and ends on June 30 of the following year.

3. KEY INFORMATION

3.1 SUBMISSION DEADLINE AND GRANT APPLICATIONS TIMETABLE

3.1.1 Issue RGA: July 20, 2012

3.1.2 Questions Due from Applicant: All inquiries regarding the RGA are to be submitted via email to Dia Cirillo at dia.cirillo@illinois.gov no later than August 8, 2012 by 5pm. Questions submitted after August 8, 2012 at 5pm will be answered at the discretion of OHIT. Phone inquiries will not be answered. OHIT will do its best, but cannot guarantee, that it will answer all inquiries within 2 business days of receipt. All responses to inquiries will be posted and available to all applicants.

3.1.3 Due Date for Applications: All applications must be received by email by OHIT by August 16, 2012 at 3:00 p.m. C.D.T.

3.1.4 Late Submissions will not be accepted.

3.2 OPENING: The State will open all grant applications that are submitted on or before August 16, 2012 in a proper and timely manner and will record the names and other information necessary to properly record receipt of the grant applications. Each proposing entity will receive a return receipt email.

3.3 AWARD AND FUNDING: An award will be made to the Applicants who successfully meet the criteria of the RGA as determined by the scoring mechanism outlined in Section 7. Only one grant per lead entity may be awarded. Grant funds will be allocated and all grant contracts will be in place by September 30, 2012. Grant funds will be disbursed by October 31, 2012.

- 3.4 DISCLOSURE OF GRANT APPLICATION CONTENTS:** Applicant proposals become the property of the State and these and late submissions will not be returned. Proposals will be open to the public under the Illinois Freedom of Information Act (FOIA) (5 ILCS 140) and other applicable laws and rules, unless the Applicant requests in the Proposal that OHIT treats certain information as exempt. OHIT will not honor requests to exempt entire Proposals. The Applicant must show the specific grounds in FOIA or other law or rule that support exempt treatment. Regardless, OHIT will disclose the successful Applicants' names and the substance of the Proposals. If the Applicant requests exempt treatment, they must submit an additional copy of the Proposal with exempt information deleted. This copy must indicate the general nature of the material removed and shall retain as much of the Proposal as possible. The Applicant will be responsible for any costs or damages associated with OHIT defending the request for exempt treatment. The Applicant agrees that the State may copy the Proposal to facilitate evaluation, or to respond to requests for public records. The Applicant warrants that such copying will not violate the rights of any third party.

4. GRANT REQUIREMENTS

- 4.1** Applicant must meet the following eligibility criteria and must include a narrative specifying the criteria are met:
- 4.1.1** Applicant must be a licensed Illinois behavioral health provider (specifically mental health or substance abuse treatment center), providing services to Illinois residents and classified as a 501(c)3. Eligible applicants must be existing formal or incorporated organizations, based in Illinois and engaged in not-for-profit, public assistance or related functions.
 - 4.1.2** Applicant must have already submitted a letter of intent for these funds on or before Monday, July 16, 2012 at 3:00 p.m. C.D.T.
 - 4.1.3** Proposal must include at least one medical provider (i.e., inpatient psychiatric hospital, medical group, multi-specialty practice, solo provider), with which health information will be exchanged.
 - 4.1.4** Applicant must be registered with ILHIE Direct on or before Thursday, August 16, 2012 at 3:00 p.m. C.D.T.
 - 4.1.5** If using an EHR, applicant must be willing to implement and utilize any mock or pilot extended CCD, or specifications for such solutions, that may be developed for express purpose of these demonstration projects.
 - 4.1.6** Applicant must plan to utilize ILHIE Direct to exchange protected health data.
 - 4.1.7** Applicant must be ready to implement within thirty (30) days of the award of the grant.
 - 4.1.8** Applicant must plan a project that i) exchanges protected health information electronically among practitioners of both behavioral health and medical services; ii) gathers and reports information about challenges, barriers and

successful tactics in the process of exchanging and integrating of behavioral health and medical services; and iii) documents the extent to which this exchange of information addresses one or more of the following healthcare implementation goals:

- Improve healthcare quality and outcomes;
- Reduce health disparities;
- Reduce medical errors or duplicative services;
- Enhance coordination or patient care among providers;
- Reduce or eliminate paper transactions; and,
- Control the cost of healthcare.

4.1.9 The Applicant's plan for identification and rationale for the types of information that will be exchanged (i.e., results delivery, medication history, patient diagnosis history etc.) sharing clinical information (e.g., lab reports), and ultimately leading to support service delivery, the coordination of behavioral health and medical services, as well as the integration of behavioral health and medical data. This plan must address how health data will be exchanged and identify the steps involved.

4.1.10 The Applicant's plans to share information among exchange partners, originating from at least two (2) disparate systems, and facilitate exchange via ILHIE Direct.

4.1.11 Applicant must specifically state and describe the patient/consumer consent model proposed for the planned project and to be employed by all exchange partners to ensure the privacy and security of protected health information.

4.1.12 Applicant must submit letters of engagement from partners with which health information will be exchanged. Each letter must identify the role of the partner and the partner's plan to adhere to state and federal law and regulations regarding the privacy and security of patient health information.

4.1.13 In-kind contributions are encouraged.

4.1.14 Pursuant to the State of Illinois legislative mandate to support businesses owned by women, minority males and disabled persons, if a grant proposal includes the purchasing of materials, equipment and/or professional services, the Applicant must agree to work with OHIT and the State of Illinois Business Enterprise Program to identify certified businesses for possible selection as vendors/suppliers.

4.2 STATEMENT OF WORK AND WORK PLAN: Each application must include a Statement of Work narrative which generally describes the plan, processes and activities needed to identify behavioral health integration efforts, coordinate those efforts and report on accomplishments and challenges experienced during the grant period. In addition to the Statement of Work, a Work Plan must also be submitted delineating major project deliverables including objectives, concomitant activities, personnel, other resources and timelines projected for completion of planning phase. The Work Plan shall serve as the basis for

monitoring the progress of each grantee. **The Work Plan should articulate the Applicant's proposed steps to achieve the ability to share protected health information from disparate systems and service providers.** See Attachment A for the Work Plan format. The Work Plan should, at a minimum, detail:

4.2.1 A project management structure for the implementation of the project, and identification of the decision-making process to guide implementation and assess for continued maintenance once the grant period ends.

4.2.2 A list of all Partners involved in the grant application, their role and their process for adhering to state and federal laws and regulations protecting health information.

4.2.3 Applicant's lessons learned from the demonstration project, which will be made available to a broader population of providers and to the public.

4.2.4 The Applicant's plans to continue the project after the grant period.

4.3 BUDGET DETAIL AND SUMMARY FOR THE PERIOD 09/01/12 – 12/31/12: A Budget Detail and Summary for the period of 09/01/12 – 12/31/12 must be submitted. Matching funds and in-kind contributions are not required but are strongly encouraged. See Attachments B and C for formats to use for budget overview and details.

4.4 AGREEMENT: OHIT expects to contract based on the terms and conditions as set forth in the attached Sample Grant Agreement (Attachment D). Please note that most of the Grant Agreement provisions are required by law or important policy and OHIT's ability to consider and accept changes proposed by the applicant is very limited. Any proposed changes may be considered in the RGA evaluation.

5. REPORTS AND DELIVERABLES TO BE INCLUDED IN MONTHLY AND FINAL REPORTS

5.1 Applicants who are awarded grants must work and comply with the requests, decisions, and guidelines issued by OHIT after they have been fully executed by the Parties. All successful Applicants must be willing to share information with OHIT, which will, in OHIT's sole determination, share appropriate information to support other projects around the State, as well as to contribute to the development of the Illinois Behavioral Health Integration Project. At a minimum, the successful Applicant must commit to providing monthly progress reports and a final report with OHIT. A final report shall be submitted to OHIT 15 days after November 30, 2012 unless otherwise agreed to by the Parties in the Agreement. These reports must detail at least the following:

5.1.1 Identification of successes and adoption of best practices.

5.1.2 Identification of obstacles, challenges and lessons learned.

5.1.3 In final report, identification to the extent to which the project addresses one or more of the goals of health care implementation:

- Improve healthcare quality and outcomes;
- Reduce health disparities;
- Reduce medical errors or duplicative services;
- Enhance coordination or patient care among providers;
- Reduce or eliminate paper transactions; and,
- Control the cost of healthcare.

5.1.4 Progress of milestones related to implementation of the extended CCD or new technical specifications; the ongoing exchange of behavioral health and medical clinical data; the coordination of behavioral health and medical services; and the extent to which these activities are scalable.

6. REQUIREMENTS FOR GRANT SUBMISSION

6.1 A COMPLETE GRANT PROPOSAL CONSISTS OF:

6.1.1 STATEMENT OF WORK: The Statement of Work identified in section 4.2 must be completed and returned with the proposal as Attachment A-1.

6.1.2 WORK PLAN FORMAT: The Work Plan Format identified in Attachment A must be completed and returned with the proposal.

6.1.3 BUDGET NARRATIVE: The Budget Narrative identified in Attachment B must be completed and returned with the proposal.

6.1.4 BUDGET FORMAT: The Budget Format identified in Attachment C must be completed and returned with the proposal.

6.1.5 PARTNER LETTERS: Partner letters as outlined in Section 4.3 must be provided with the Proposal.

6.2 PROPOSAL SUBMISSION FORMAT

6.2.1 Proposals should be prepared on single sided, white, 8.5 x 11-inch paper with at least a .75-inch margin. Proposals should be single spaced, and use at least a 12 point calibri font or comparable font and size. Proposals should be no more than ten (10) pages, covering the Statement of Work and Budget Narrative, and not including letters and attachments.

6.2.2 Submissions must be made electronically to:

Ms. Dia Cirillo
Behavioral Health Project Director
Illinois Office of Health Information Technology
Office of the Governor
100 W. Randolph, Suite 2-201
Chicago, IL 60601
E: dia.cirillo@illinois.gov

7. HOW PROPOSALS WILL BE EVALUATED

In order to be eligible for a grant, an Applicant must earn a minimum of **400** points as determined by OHIT. Evaluation will be based on the following factors:

Weight		
1.	Responsiveness to Grant Requirements	120
2.	Diversity and Level of Involvement of Partners	80
3.	Statement of Work	50
4.	Work Plan	300
5.	Budget Narrative and Budget Plan	50
TOTAL		600